

call up his amendment and that it be reported by number only.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### SERVICE MEMBERS HOME OWNER-SHIP TAX ACT OF 2009—MOTION TO PROCEED

##### CLOTURE MOTION

Mr. REID. Madam President, I move to proceed to Calendar No. 175, H.R. 3590, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

##### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 175, H.R. 3590.

Harry Reid, Tom Harkin, Jack Reed, Edward E. Kaufman, Jeff Merkley, Roland W. Burris, Daniel K. Akaka, Patty Murray, Richard Durbin, Sherrod Brown, Michael F. Bennet, Jeanne Shaheen, Sheldon Whitehouse, Bill Nelson, Mark Udall, Benjamin L. Cardin, Christopher J. Dodd, Patty Murray.

Mr. REID. I ask that the mandatory quorum required under rule XXII be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. I thank the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Mr. FRANKEN. Madam President, I ask unanimous consent that I be allowed to speak in morning business for up to 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### COBRA SUBSIDY EXTENSION AND ENHANCEMENT ACT

Mr. FRANKEN. Madam President, I rise today to urge my colleagues to support S. 2730, the COBRA Subsidy Extension and Enhancement Act.

As you may know, COBRA allows jobless workers to keep their health care as they look for new work. The Recovery Act included a COBRA subsidy through the end of this year, but if we fail to act, millions of Americans currently looking for work will be faced with a further unbearable burden—the tripling of their COBRA payments.

I am very pleased with the Senate Patient Protection and Affordable Care Act that was released yesterday. This bill will help bring down health care costs for families and the Federal Government. We will invest in prevention and provide incentives to doctors to provide high-quality health care. I commend Leader REID, Chairman HARKIN, Chairman BAUCUS, and Chairman DODD for moving us one critical step

closer to secure, affordable health care for all Americans. But while health care reform will bring long-term relief, the proposed COBRA extension will help us bridge the gap before health care reform is fully implemented.

Take, for example, the situation of one of my constituents, Gregory, from Lakeville, MN, southeast of the Twin Cities. Gregory has built a professional career in the printing industry, the same industry my dad was in. He was a printing salesman for 30 years. The printing industry has been especially hard hit by our current recession. Gregory's wife depends on him for health insurance. She has rheumatoid arthritis. My mom had rheumatoid arthritis. Gregory also has two daughters in school.

Gregory was laid off this March and has been tirelessly looking for a job ever since. But there aren't any jobs to be found. Now he has accepted that he may have to change fields, but he is 57 years old. A career change at 57 isn't easy. Unless Congress passes a COBRA extension, his premiums will nearly triple, going from \$350 a month to \$940 a month. In today's dismal economy, who has \$940 each month to spend on health care insurance, especially if you don't have a job?

Gregory has explored the option of a private insurance plan, but his wife's preexisting rheumatoid arthritis makes private plans an impossibility. Gregory is hopeful, as am I, that passing a health care reform bill will eliminate this problem of preexisting conditions. But in the meantime, what are families like Gregory's supposed to do?

Gregory's family is not alone in this plight. CBO estimates that 7 million workers and their families have used the COBRA subsidies in 2009. That includes thousands and thousands of Minnesotans. The expiration of the subsidy will make premiums so expensive that many families will be forced to drop their coverage, adding further to the number of uninsured Americans. Now is not the time to put another burden on struggling families.

The COBRA Subsidy Extension and Enhancement Act will provide relief to families by extending the COBRA subsidy another 6 months, through June of 2010. By that time, our economy will have made significant progress in job creation, and many Americans will be back on the job. The extension will also include an increase in the subsidy—from 65 percent to 75 percent—allowing more families to retain coverage. During this recession, the last thing Congress should do is pull the plug on benefits before folks have had a chance to get back on their feet.

I know my colleagues Senators BROWN and CASEY share the same goal of passing meaningful health care reform this year. But they also know the importance of providing a stopgap measure to deliver relief to families who are struggling in the current downturn. I thank them for their leadership on these critical issues.

I urge my colleagues to swiftly enact the COBRA Subsidy Extension and Enhancement Act and allow more families to maintain health care insurance coverage as they look for work.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi is recognized.

#### APPROPRIATIONS BILLS

Mr. COCHRAN. Madam President, in the coming weeks and months, the Senate is scheduled to complete action on bills that will have a profound impact on Federal spending for many years to come. I rise to express my concerns about the manner in which new spending is being proposed in that legislation.

Congress has sent 5 of the 12 annual appropriations bills to the President for his signature. Four other bills are in conference with the House. The Senate has not yet acted upon the three remaining bills under our jurisdiction.

Last year, Congress completely abandoned the appropriations process. The year before that, only a few bills were acted upon by the Senate before all of the bills but one were bundled into an omnibus bill and sent to the President.

Thus far this year, we have not been able to complete action on all 12 appropriations bills, but we have made significant progress. The Senate has debated a stand-alone Agriculture appropriations bill and an Interior appropriations bill for the first time in 4 years. Ideally, these bills should be subjected to the scrutiny of the full Senate every year. This year, there have been hearings in each subcommittee, and the bills have been subjected to subcommittee and full committee markups. We have tried to get the bills to the floor individually so all Senators have an opportunity to offer amendments, and so we can avoid the necessity of grouping the bills into an omnibus bill.

The chairman, who is the distinguished Senator from Hawaii, Mr. INOUE, deserves the credit for these improvements. All Senators on the committee have cooperated, though.

Despite the many difficulties associated with enacting the appropriations bills, the process compels us to hear testimony, analyze programs, and consider funding needs and priorities on an annual basis. It is not always a smooth or easy process, but it has the benefit of compelling us to continually reevaluate the level of Federal spending. That is not the case when we create long-term or permanent mandatory spending programs.

I don't mean to criticize the oversight of the authorizing committees. Many of them do excellent work in this regard, holding agencies and funding recipients accountable for their management decisions. But once a funding stream is made mandatory, it is difficult to reduce or cut off the spending or to use the leverage of future funding to motivate more efficient management of Federal programs or activities.

One of the justifications often cited for creating mandatory spending programs is that the funding recipients need predictability to properly and efficiently manage programs. While there may be some truth to this, in itself it is not a sufficient reason to make a new program mandatory or to change an existing program from discretionary to mandatory.

If increased predictability is the goal, Congress should make greater efforts to get the annual appropriations bills done as close to on time as possible and in an open and orderly fashion that allows scrutiny of the proposed spending.

Failure to process the appropriations bills in this manner has the effect of driving interest groups to seek the predictability of long-term mandatory funding streams. In effect, we create a situation whereby Congress must take proactive steps to reduce or eliminate spending as opposed to proactive steps to continue spending.

As a general matter, we should be very careful about moving programs in that direction, in my opinion. As I look at the major legislation that Congress is slated to consider over the coming months, I am greatly concerned. Of most immediate concern is the health care bill on which we will soon begin debate.

The bill reported by the Senate Finance Committee creates new programs with direct appropriations that should be funded or not funded through the annual appropriations process. There are mandatory programs for maternal, infant, and early childhood home visitation and for personal responsibility education for adulthood training. There are grants for school-based health centers, a demonstration program for emergency psychiatric care, and a demonstration program to address the health profession's workforce needs.

A previously authorized childhood obesity program is directly funded with a mandatory appropriation. Many of these programs are funded for only a few years, just enough time to get funding recipients invested in the program, after which expectations will be overwhelming that the programs be continued with annual appropriations.

As ranking member on the Labor, Health and Human Services Subcommittee, I might be inclined to support funding some of them, but beginning new programs with short-term, mandatory funding is a recipe for trouble. It results in hiding the long-term costs of these programs and provides no opportunity upfront to consider tradeoffs between the new programs and existing programs.

The health care bill reported by the HELP Committee includes a new prevention and public health fund to support an "expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector

health care costs." That is a quote from the bill. The bill appropriates \$2 billion for this purpose in fiscal year 2010 alone and increases that amount to \$10 billion by fiscal year 2014 and thereafter.

This has long been a priority of the Senator from Iowa, Mr. HARKIN. To the committee's credit, the bill provides some latitude for the Appropriations Committee to allocate funds among various prevention and wellness programs in the outyears.

At its heart, however, this provision implies that we know today what the appropriate Federal investment for wellness programs will be 10 or 20 years from now. I just don't think that is plausible. If prevention and wellness programs are that important, let's call up the Labor, Health and Human Services appropriations bill and either increase the size of the bill or reallocate money within the bill to support wellness programs. When the fiscal year 2011 appropriations process begins, let's analyze how those programs are working and consider, once again, the appropriate funding levels for the coming year.

Beyond the health care bill, there is legislation to address global climate change. Here, again, we face the prospect of massive new annual Federal expenditures being established on a mandatory basis, effectively being put on autopilot right from the beginning. While nobody knows the value of the carbon allowances that would be auctioned under some climate bills, it is clear that tens of billions of dollars from such auctions would be plowed directly back into an array of programs administered by Federal, State, and local government agencies.

Some of the programs have a more obvious relationship to climate change than others. Just to list a few, the Senate-reported bill directly funds clean vehicle technology, building retrofits, advanced energy research, nuclear worker training, coastal preservation, and Federal land acquisition.

Many programs that would be funded by this bill are identical or similar to programs already funded in annual appropriations bills. Others are entirely new.

Are we truly confident in the year 2016 it will be prudent to spend 4.3 percent of an unknowable amount of auction revenues on international deforestation efforts? Are we sure that in the year 2030 we should be spending .74 percent of auction proceeds on worker assistance programs?

Congress should protect its ability to reconsider support or opposition to such spending annually, or at least periodically, based on program performance and our current national interests.

What about funding of Federal land acquisition? I have supported some Federal land acquisitions in my State of Mississippi, sometimes to incorporate important resources into our National Park System, sometimes to

preserve sensitive habitats by including them in our national wildlife refuge system or in our national forests. I have had other Senators request specifically that we not approve the Federal acquisition of a particular piece of property. This has been a particularly sensitive issue for our western colleagues, particularly in whose States Federal land ownership is already extensive. Yet in the climate bill, we are being asked to allocate funding to the executive branch on a long-term basis for unspecified Federal land acquisition projects, all with no apparent mechanism for congressional oversight.

Are any Senators really comfortable with that arrangement? This is just one example of why Congress should consider programs on an annual basis through an open process rather than putting programs on autopilot and then struggling against the tide of entrenched interests to react when things do not go as expected.

In July, the House passed an education bill, the Student Aid and Fiscal Responsibility Act. The bill terminates the programs that authorized private lenders to make federally guaranteed loans to students and provides that future student loans will be provided only through direct Federal loans from the U.S. Department of Education.

My concern with this is that the House-passed bill establishes a number of new mandatory education programs and expands several existing programs with mandatory funding streams. The Congressional Budget Office estimates the House-passed bill would reduce mandatory spending by \$87 billion over the next decade. But the House bill directly spends all but \$8 billion of that amount on new and expanded programs. It directly funds a new college access and completion innovation fund. It establishes mandatory funding streams for school modernization, renovation, and repair, including a program of supplemental grants for States along the gulf coast. It establishes mandatory programs for early childhood education and for reforming community colleges and improving training for workforce development.

In many cases, these are new programs. In some cases, the mandatory amounts are meant to supplement funding currently provided through annual appropriations.

Regardless of the merits of these programs, the fact remains that we are faced with a debt problem of huge proportions. We have now closed the books on fiscal year 2009, finishing the year with a budget deficit of \$1.4 trillion. We began fiscal year 2010 with a deficit of \$176 billion for the month of October. Our national debt has hit \$12 trillion, and soon Congress will have to act to raise the Federal debt ceiling again.

President Obama's own budget, optimistic in many respects, forecasts that our national debt will be rising to 66 percent of the gross domestic product by 2013. The Congressional Budget Office forecasts debt reaching 87 percent

of GDP in 2020 and increasing thereafter to even more alarming levels.

Given this set of facts, is it responsible to enact a bill that is expected to produce—not guaranteed to produce but expected to produce—a savings of \$87 billion in mandatory spending but then in the same legislation spends all but \$8 billion of that anticipated savings on new programs or expansions of existing programs that could just as well be achieved through the annual appropriations process?

Is it responsible to advance a climate bill that spends tens of billions of dollars on new mandatory programs and to allocate funding among those programs for decades into the future when we have no ability to judge whether those programs are needed or effective or what different programs might be necessary depending on how climate legislation would affect our economy, our workforce, and our environment?

Can we afford to enact a health care bill that is long on new costly mandatory programs but short on cost savings that we all know must be found within our health care system?

Certainly, there are situations where mandatory funding is an appropriate mechanism to deliver government services. In cases where our goal is to provide a service to a certain group of eligible people, regardless of how many people may be eligible in a given year, a mandatory appropriation may be the most efficient means of achieving that goal.

Given our Nation's fiscal situation, however, it seems to me we should strongly favor a procedure that requires Congress to consider programmatic spending every year. This is the very principle stated in paragraph 13 of rule XXVI of the Standing Rules of the Senate. This is not a question of which committee has the power over the purse. It is a question of whether Congress will maintain the power over the purse and deliberately exercise it.

Every year in appropriations bills, programs are terminated, reduced, or expanded based on performance and the availability of resources, pursuant to the budget resolution. Interest groups and program beneficiaries are required to give us their views annually. The competition for available dollars is intense. But so what? Whether it is health care, climate change, education, or other legislation, Congress should be very cautious about establishing new, long-term, mandatory funding streams because it fundamentally weakens our ability to control Federal spending at a time when we greatly need to exercise that control.

I hope my colleagues will keep this in mind as we proceed with the business before us.

The PRESIDING OFFICER (Mr. WHITEHOUSE). The Senator from Maryland is recognized.

Mr. CARDIN. Mr. President, shortly we will have an opportunity to vote on moving forward and considering health care reform in this country. I thank

the majority leader, Senator REID, for putting together the bill that came out of our two committees that accomplishes what I think are the three goals we need to accomplish in health care reform. I have been asked by the people of Maryland whether I would support a particular bill. I told them in order for me to vote for a bill, it has to do three things: First, it needs to bring down the cost of health care in America; second, it needs to provide an affordable quality insurance option to every American; and, third, it must be done in a fiscally responsible way.

The bill Senator REID is bringing forward accomplishes those three goals. First, it brings down the cost of health care in America by about \$1 trillion. It does it by investing in prevention and healthy lifestyles; by cracking down on fraud, waste, and abuse; and by eliminating unnecessary administrative costs in our health care system. That is the way we should bring down health care costs in America. That will improve quality but bring down costs.

Second, this bill allows every American to have access to affordable health insurance and health care. The Congressional Budget Office estimates the bill will reduce the number of uninsured in America by 31 million. We will be able to get 98 percent of Americans who are in this country legally, citizens, covered by health insurance as a result of this legislation.

Third, this bill moves forward in a fiscally responsible way by not only staying within our budget but by actually reducing our budget deficit by \$127 billion with no new tax burdens on middle-income families.

I am particularly pleased this bill will help middle-income families in America. Mr. President, I know you have received letters from your constituents. I have received letters from my constituents that tell us the status quo is unacceptable for middle-income families in America.

Let me give two examples of people who wrote to me. I got hundreds of letters from Marylanders telling me they cannot make it under the status quo. This is from Meg, from Rock Hall, MD. Rock Hall, MD, is on the eastern shore. She is a healthy, active 62-year-old woman. She plays tennis four times a week. She is not on prescription medicines and has never had a major medical issue.

She wanted to change her insurance coverage. She has insurance, but she wanted to go to a more affordable insurance plan for her family. She was denied coverage. Why? Because she had received counseling 3 years earlier due to a stressful family situation and because she had a slightly elevated cholesterol level. Her cholesterol has been brought under control taking over-the-counter medication, and she has not had counseling in over a year.

She writes to me, and how do I answer that? It says:

If I am considered high-risk, where does that leave Maryland residents who have seri-

ous health conditions, are on medications, or require on-going care?

Meg is absolutely right. The bill the leader is bringing forward will deal with middle-income families such as Meg's by telling health insurance companies they cannot participate in such discriminatory practices, by restricting preexisting conditions. In fact, Meg doesn't have preexisting conditions, but they are using that to deny her full coverage.

Earlier this week, Cynthia and Eric Cathcart came to us, came to this Capitol to tell us their stories. I must tell you, I was shocked to hear of their circumstance.

Here are two individuals who are self-employed, trying to make it. They have two children. They are trying to get along. Eric told us he is basically giving up on his business and is going to have to work for a larger company because he can't afford health insurance. Cynthia, who is a piano instructor, tells us the same story. Listen to this.

Here are a husband and wife, two children, and they cannot get an insurance policy to cover their whole family because of the preexisting condition restrictions. These are small business owners who are going to have to literally give up their businesses.

Today they have two separate insurance plans: one for the husband and child, one for the wife and child, because that is the only way they can get it. They have to pay two separate deductibles because they couldn't get an insurance plan to cover the family. The amount of money they are paying for health insurance is prohibitively expensive.

The status quo is not acceptable for the Cathcarts and should not be acceptable for any of us. Under the health care bill the leader is bringing forward, though, discriminatory practices by private insurance companies would be prohibited, and the Cathcarts would have the option of a lot of different plans they could choose from to cover their entire family without separate deductibles for different members of their family.

That is the type of health care reform we need that will help middle-income families in America. It will help middle-income families by bringing down the cost of health care. The cost of health care in America is growing at way too fast a rate. Ten years ago in Maryland it cost an average family about \$6,000 for health insurance. Maybe their employer paid part; maybe they paid part. Today that is \$12,000 a family. By 2016 it will be \$24,000 a family if we do not take action. We need to help middle-income families. We need to move forward with health care reform.

The average family in Maryland today is paying \$1,100 per family for the cost of those who do not have health insurance. Those who have health insurance are paying for those who do not have health insurance.

That is why the bill the leader is bringing forward, that will cover 98 percent of Americans, is going to help middle-income families by eliminating that hidden tax of \$1,100 per family in Maryland and around the country.

Health care costs are growing three times faster than wages are growing in America. Inaction should not be an option.

For small businesses the situation is very dire. They are spending 20 percent more than a comparable company that does the same business that is larger. Just as stressful, they cannot predict what the annual premium increase is going to be. How can you run a business without knowing what your costs are going to be from 1 year to another? For the sake of small businesses we need to move forward with health care reform.

A lot of families in Maryland depend upon Medicare; a lot of middle-income families in Maryland depend upon Medicare. This bill will strengthen Medicare by dealing with the underlying costs of health care, by getting that under control. At the same time we protect Medicare for the future, we provide additional benefits for our seniors by starting to close the doughnut hole, getting prescription drug costs under control, and providing preventive care for our seniors. This legislation will help middle-income families by dealing with insurance reform and eliminating preexisting conditions. It will provide larger pools to offer more choice for middle-income families.

This legislation will help workers who work for small companies. It will help those people in our community who have preexisting conditions. It will help those people in our community who are changing jobs. It will help those in our community who depend upon Medicare. This is legislation that is critically important for middle-income families in America.

The status quo is unacceptable. We need to act, and we are going to have a chance to do that when we vote Saturday on proceeding with health care reform. I urge my colleagues to move forward on this vital legislation for America.

I yield the floor.

The PRESIDING OFFICER. The distinguished Senator from Utah is recognized.

Mr. BENNETT. Mr. President, I enjoyed listening to my colleague from Maryland. He says to us repeatedly the status quo is not acceptable. I agree with that. I would point out to him that the bill that has been presented to us by the majority leader guarantees the status will remain "quo" until 2014. This bill delays implementation until 2014. For 4 years the status will remain "quo" on key provisions.

Mr. CARDIN. Will my colleague yield on that point?

Mr. BENNETT. I am happy to yield.

Mr. CARDIN. Let me point out that much of the insurance reform takes effect immediately. The preexisting con-

ditions are dealt with immediately. The larger pools for those who can't find health coverage, that is done and implemented immediately.

Mr. BENNETT. I understand, but the key provisions of the bill that cost significant money are postponed until 2014. Why? Because unless you make that postponement you cannot get the score down to the point where it is in the majority leader's bill.

The challenge is that the real cost of health care is substantially more than this bill demonstrates as it comes out of the Congressional Budget Office. Why? Because the Congressional Budget Office is required by law to give costs over a 10-year period. If this whole thing started at the time the bill was passed and ran for the whole 10 years, the cost would be so high that it could not be offset with the programs that have been put in the bill. So the easy way to save costs and bring it down below the level that is acceptable is to delay the implementation until 2014.

We saw that in the Finance Committee. The Baucus bill moved the date of implementation from January 1, 2013, to July 1, 2013, to save money. Now the Reid bill moves it from July 1, 2013, to January 1, 2014, an entire year of additional "savings."

These are not savings at all. These are simply a delay in the implementation and therefore a delay in the expenditures.

I want to move to the point the Senator from Mississippi was making with respect to the impact of this on the national debt and the national deficit. The last time we had a budget from President Bush, the last Bush budget said the total expenditures would be \$3.1 trillion.

President Obama's budget called for expenditures of \$3.6 trillion or ½ trillion more.

OK, ½ trillion more, you would assume, therefore, that the deficit that would occur would be roughly ½ trillion more than the Bush deficit. But the last deficit of the Bush administration, before the financial crisis hit us, was \$116 billion. That is .1 trillion of the \$3.1 trillion. And the first deficit of the Obama administration is \$1.4 trillion.

You say: Wait a minute. Those numbers do not add up. The reason they do not add up is, we can control how much we spend, but we cannot control how much we take in. How much we take in is a function of the economy.

Let's go back to the budget that was submitted and passed by the Obama administration and passed on the floor of the Senate by the Democratic majority. It projected \$2.2 trillion in revenue, and it projected \$2.2 trillion in entitlement spending, mandatory spending. That meant that everything else in government had to be borrowed. Money for the Defense Department had to be borrowed, the State Department, all of our embassies overseas, all of that money had to be borrowed. The money

for transportation, for the Federal Aviation Administration had to be borrowed. The money for national parks had to be borrowed. The money for education had to be borrowed.

It wasn't that the expenditures went up an extra \$1½ trillion to get a \$1.4 trillion deficit. It was that the revenues went down. Yes, the expenditures did go up. The expenditures under the Obama budget went up roughly \$½ trillion from the expenditures under the Bush budget. But the big problem was, the revenues went down at the same time.

The cautionary tale that comes out of this is, again, we can control how much we spend, but we cannot control how much we get in. That is a function of the economy. Money does not come from the budget; money comes from the economy. When the economy is weak, as it is now, we are going to have deficits, no matter how big an effort we make to try to avoid them, because the money simply doesn't come in.

The reason I make that point is because, back again to the numbers that we realized when we were debating the budget, the money coming in was \$2.2 trillion and the money already committed in entitlement benefits that the Congress did not deal with in the appropriations process was \$2.2 trillion. What we will do, if we pass the bill the majority leader has introduced or will introduce, is to increase the amount of mandatory spending, increase the commitment of the Federal Government to make expenditures in the health care area that will be beyond the reach of the Appropriations Committee, that will be going out whether or not we have the money coming in to pay for them.

I know the score out of CBO says this will save money for the Federal Government, but let's get into the details of what the CBO had to say to see how much it would save and see why it would save.

The CBO says, about the longer term calculations with respect to this bill:

These longer-term calculations assume that the provisions are enacted and remain unchanged throughout the next two decades, which is often not the case for major legislation.

I think that is one of the understatements of the year. Major legislation does not often go unchanged for two decades. Congress will add goodies. Congress will delay some of the tax provisions. We see that every year with respect to the legislation known around here as the doc fix. It is in the law right now that every year we cut reimbursements to doctors under Medicare, and every year the Congress comes in and says: We won't do it this year. The doc fix comes in and says: We will change this earlier situation. That means any score that depends on our not passing a doc fix is going to be wrong. CBO says that. Again:

These longer-term calculations assume that the provisions are enacted and remain unchanged throughout the next two decades,

which is often not the case for major legislation.

We keep hearing how the costs are going to come down. What does CBO have to say about that? This is the quote that has to do with what I was talking about with respect to expanding the Federal commitment for entitlement spending in health care. Quoting again from CBO:

Under the legislation, federal outlays for health care would increase during the 2010–2019 period, as would the federal budgetary commitment to health care.

The Federal budgetary commitment to health care will increase. So how do we get a score that says we will save money? You get the score because you have projected revenues that will increase. You have tax provisions in there that say we will get the money from this tax, we will get the money from that tax. Then it will be a saving to the Federal Government. It is not a saving to the Federal Government; it is a raising of Federal revenues above the commitment to spend. But as I pointed out in the beginning, the raising of Federal revenues is not an automatic thing upon which we can depend. It is dependent upon the economy. What happens if we make the commitment to the spending and then the economy is not good and the revenues do not come in at the level CBO is projecting? These are all assumptions CBO is making, feeding into the computers. The computer cannot and does not project any kind of economic downturn, any kind of recession, any kind of problem. It just says: If, if, and if, you will get this number. And then they plug that number in, and that number says it will be big enough to pay for all of this. But make no mistake, what CBO says on the side where we can control it, the spending side, it says it would increase the Federal budgetary commitment to health care.

So once again we have entitlement spending. We have the demand for money going out going up on the hope that the revenues coming in will somehow be greater than the amount going up, and therefore we can project that this will save the government money.

How accurate has CBO been in the past with respect to the spending side? Well, we can go back to Lyndon Johnson and Joe Califano, who created Medicare, and take their original projections as to how much Medicare would cost. I have given that speech on the floor before. The answer is, Medicare costs 20 times more than was projected at the time it was put in place. We could do the same thing with Medicaid. It is not quite that big, not quite 20 times. SCHIP, whatever it is. With the exception of Medicare Part D, which was a Republican initiative, every single time the Federal Government has put in a Federal program for medical activity and medical expenditures, the actual expenditures have exceeded projections, sometimes 20 times exceeding it, going back to Medicare. That is the spending side.

We cannot produce that kind of money on the revenue side because we cannot really control the amount of revenue that comes in. The amount of revenue that comes in is a function of the economy.

Once again, where are we this year? Mr. President, \$2.2 trillion in revenue, substantially below the amount of revenue that came in in the Bush administration. It is not Bush's fault that there was more or less. It was the economy that made a downturn. And if we think in this body we can repeal the business cycle and see there will be no more downturns in the future, we are really kidding ourselves. There will be downturns, and there we will be, with the commitment in place, the increase in the Federal budgetary commitment to health care, without the revenue to pay for it.

This is CBO again:

The long-term budgetary impact could be quite different if key provisions of the bill were ultimately changed or not fully implemented. If those changes arose from future legislation, CBO would estimate their costs when that legislation was being considered by the Congress.

In other words: We will make no attempt to guess what is going to happen in the future, but we can tell you that any kind of tinkering with this in the future is going to make all of our predictions wrong. That is the logical thing for them to say, it is the prudent thing for them to say, and it is the accurate thing for them to say.

There are many things about this bill that I don't like. I am convinced it will increase premiums for those who currently have health insurance. There is no way it can produce the kinds of results my friend from Maryland talked about of covering 30 million more people and cutting costs for everybody in Middle America without costing a lot more money someplace else. One of those places is going to be either in your tax responsibilities or in increased premiums or in the States.

We all know how the Governors feel about this proposal. The Governors have said this proposal will bankrupt us by the rolling of Medicaid costs onto the States—not Republican Governors, it is Democratic Governors who have come forward and said: We can't handle this. So there are lots of things about this bill I don't like.

But I believe the score that has been put together is not an honest one. I am not accusing CBO of doing anything wrong. I am accusing those who wrote the bill of putting in provisions so that we will delay this implementation there, we will call for this tax here and the score that goes there and so on. And it ends up that when we feed all of that information into the computer and then say: O mighty computer, none of this will change, what is the number, the computer gives you a number, but it is a number based on assumptions that are based on smoke and mirrors.

There is an old saying: Where there is smoke, there is fire. This bill has a lot

of smoke in it, and, in my opinion, it is the American people who are going to get burned.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PATIENT PROTECTION AND AFFORDABLE CARE ACT

Mr. SPECTER. Mr. President, I have sought recognition to comment briefly on the Patient Protection and Affordable Care Act, which was disclosed late yesterday by our distinguished majority leader, Senator REID, to whom we all owe a debt of gratitude for the extraordinary work in putting together this very complex legislative proposal. Also, compliments are due to Senator BAUCUS, who chairs the Finance Committee, and Senator DODD, who carried on the work of Senator Kennedy on the Health, Education, Labor, and Pensions bill. The bill provides for gross spending of \$979 billion over a 10-year period, under the \$1 trillion dollar mark. The coverage allocation is \$848 billion. There are gross savings of \$1,109 billion, and the deficit impact is to have a reduction of some \$130 billion over the 10-year period. In the second 10-year period, the projection for savings is substantially greater. There will be millions of Americans covered who do not now have health coverage, so over 94 percent of all legal residents of all ages will be covered.

We are now digesting this very complex piece of legislation. The majority leader has scheduled a cloture vote for Saturday at 8 p.m. It is my hope and, candidly, my expectation that we will have the 60 votes to proceed for the consideration of this bill.

It is my view that inaction is not an option; that there are too many people not covered by health insurance or who are underinsured. The cost of health coverage is escalating at such a tremendous rate. It is having a great impact especially on small businesses. A recent prominent publication noted that rates for small business were being dramatically increased. Senator HARKIN scheduled a hearing in the Health, Education, Labor, and Pensions Committee. One of my constituents from Lancaster came in to testify that his premiums were rising by 128 percent. So I believe that inaction is not an option.

We have had many declarations of positions, and in the Senate, where you need 60 votes to move ahead, every one of those votes is indispensable. Only one Republican, Senator SNOWE in the Finance Committee, supported the Finance Committee bill, so there was no